

6

CLAIMS ONLY							Application Number 90/892345	Filing Date		
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	✓						51			
2	/						52			
3	/						53			
4	/						54			
5	/						55			
6	/						56			
7	/						57	/		
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42							92			
43							93			
44							94			
45							95			
46		/					96			
47							97			
48							98			
49							99			
50							100			
Total Indep	60						Total Indep			
Total Depend	19						Total Depend			
Total Claims	25						Total Claims			